
Government of the District of Columbia



Department of Health

Testimony of
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***Joint Public Oversight Hearing
on the
District of Columbia School Health Program***

Committee on Health
David A. Catania, Chairman
Committee on Education
Kathleen Patterson, Chairman
Council of the District of Columbia

Room 500
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The John A. Wilson Building
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Good Morning Chairman Catania, Chairman Patterson, collective Members of the Committees on Health and Education, advocates, fellow colleagues and concerned residents. My name is Gregg A. Pane, Director of the District of Columbia Department of Health (DOH). I am pleased to provide testimony before you today on the issue of health care provided to our students in the D.C. Public School System (DCPS). I commend the Council's leadership and oversight of the District of Columbia School Health Program. It is my personal belief that a city strengthening, celebrating, respecting and supporting its children and youth is a city that will build a prosperous future.

Our children and adolescents face enormous challenges that have a very direct and profound impact on our collective health and public safety. Recognizing that health behaviors acquired during youth follow into adulthood, the current health status of our young people is alarming. Health experts continue warning us that, for the first time in our nation's history, children today are in danger of having a shorter lifespan than their parents.

More children are overweight now than ever before and experience unprecedented levels of Type II diabetes and early risk factors for cardiovascular disease. Not surprisingly, nearly 80% of youth do not eat the recommended five serving of fruits and vegetables each day. Participation in daily physical education classes has dropped from 42% in 1991 to 28% in 2003. And each day, more than 4,000 youth try their first cigarette.

Unhealthy diets, physical inactivity and tobacco use contribute to the leading causes of death among adults and account for at least 700,000 deaths annually in this country.

The health of young people is directly linked to the health-related skills and behaviors they learn and choose to accept. When students are healthy, they increase their chance of success in the classroom. Since the ultimate mission of the DOH is to promote healthy lives, prevent illness, provide equal access to quality healthcare services, and to protect the safety of residents in the Nation's Capital, it is our duty to address all aspects of school life that can improve the health of our students. Key components of that mission include policy, curriculum, health and nutrition services, the psychosocial environment of the school, and health promotion for staff and faculty.

However, to attain our mission and meet the need for the effective and efficient deployment of comprehensive health programs in our schools, there must be a shared effort among the three agencies before you today – Health, Mental Health and Schools. Through that partnership, the District of Columbia School Health Program can allow us to examine the health needs of young people in school-based settings. We can develop comprehensive strategies tailored to those needs as well as build bridges across education, health and social service agencies, coordinating health education, physical fitness, nutrition, wellness, mental health and parent involvement.

Despite our goals, coordinating multiple agencies in government is an extremely difficult task. I would be remiss not to acknowledge that history shows that the necessary coordination has been lacking, driven by a longstanding lack of communication. However, I am happy to report that we have taken significant strides to rectify many of these issues by creating a comprehensive memorandum of understanding (MOU) to include all the agencies and every program where we are linked and anticipate its completion by the close of 2005. And we continue to strengthen our partnership with DCPS and Superintendent Janey through a process of greater collaboration and accountability that has lead to the success of critical programs such as our citywide immunization plan and the administration of pelvic exams in every District high school.

Although we recognize the work we have to do, our school-based health program has many successes, including:

- The provision of services to 62,306 students in 150 public schools and 7,064 students in 20 chartered schools in Fiscal Year 2005.
- A partnership between DOH and DCPS that has resulted in an overall student immunization compliance rate of 98 percent at the opening of the 2005 school year. Since 2002, with the launch of our internationally recognized and highly successful rapid immunization program that brought more than 20,000 school age children into compliance, we continue to effectively update school health records, provide boosters and schedule inoculations.
- A recently awarded one-year youth violence planning grant by the federal Department of Health and Human Services (DHHS) in the amount of \$45,000.

- A recently awarded \$650,000, three-year grant from DHHS for a comprehensive oral health initiative.
- The receipt of a Area Health Education Center (AHEC) grant supports implementation of our dental outreach, education and screening services at the H.D. Woodson Wellness Center while we've increased student enrollment at that Center to over 50% of the student body.
- The development of a user-friendly streamlined child health certificate and oral health assessment form for parental use to enroll children in school, childcare, Head Start, sports participation, and camp.

Despite these successes we recognize that, with tighter planning and robust coordination, our efforts could be so much better. To that end we are taking steps in all major areas of school-based health: 1) agency coordination; 2) school nursing; 3) Medicaid; 4) budget and clinical oversight; 5) HIV/AIDS; and 6) substance abuse.

1. Agency Coordination

The DOH's Maternal & Family Health Administration (MFHA) is spearheading the Mayor's objective to provide effective, coordinated care for students. This is consistent with the DOH mission, including the development, implementation, promotion and evaluation of health initiatives aimed at educating, engaging and empowering communities throughout the District in risk reduction strategies to develop healthier lifestyles. Our School/Adolescent Health Bureau, which is new as of FY06, combines two divisions within MFHA – School Health & Adolescent Health – that promote optimal health and quality of life for all District public school students and adolescents by ensuring access to health and oral health screenings, immunizations, health education, health assessments, counseling, treatment or referral services for youth at risk of unintentional injury, violence, substance abuse, mental illness, pregnancy, and chronic disease. By the end of 2005, we anticipate the further synthesis of these activities into a comprehensive MOU including DCPS and the Department of Mental Health in a sustained effort to improve the health of children and youth in the schools.

2. School Nursing

The School Health Division is an integral component of the DOH's coordinated health care delivery system offering multidisciplinary health services to students by ensuring that school health nursing services are provided to District students, including four self-contained special education schools. With these resources, the program provides, at a minimum, 20 hours per week nursing services at each school and 40 hours at all high schools. This is enhanced through extensive health supervision, including medication distribution, special screenings and health appraisals, including a wide range of support within school based health centers. In addition, we identify and refer care to all pregnant students in their first trimester of pregnancy while administering the adolescent HIV/AIDS prevention program in all senior high schools. Complimenting this is the provision of age and ethnic appropriate preventive health education and training sessions to all students.

The school nursing program is operated by the Children's National Medical Center (CNMC), but DOH exercises full leadership through the creation of responsible school nursing policy, high standards, expanded evaluation and increased monitoring capabilities. The advent of charter schools has increased the costs of the program/contract because it has increased the request for nursing services. But, we are currently working with CNMC to establish meaningful healthcare performance measures and goals, standardized across all DC public and charter schools. These metrics will be incorporated into the upcoming multi-agency MOU by the end of this calendar year.

We have taken several additional steps to improve and strengthen the nursing program:

- I am pleased to report that the DOH recently created and appointed a Chief of Nursing to monitor and supervise the performance of all nurses within the agency's continuum of primary and preventive care for District residents;
- In January 2005, the MFHA hired a masters-prepared registered nurse to support coordination with the schools and the school nurse program. This school health liaison is currently the sole staff person in the new School/ Adolescent Health Bureau, School Health Division;
- The proposed FY 2006 budget includes funds to provide additional school health services. The school health liaison, who is in daily contact with the school nursing

program to assess incidents or other urgent issues, also represents DOH on the city wide Immunization Task Force;

- By spring of this year, we implemented a systematic school nursing monitoring program to oversee protocols that supplement the monitoring of physical facilities and equipment in the school nurse suite.

3. Medicaid

There is much discussion regarding the use of Medicaid funding for school health services. We are engaged in ongoing dialogue over the feasibility of billing Medicaid and have taken steps to pursue funding, developing a list of billable services that must be claimed and reimbursed. The DOH Medical Assistance Administration forwarded that list to the federal Centers for Medicaid and Medicare Services (CMS) requesting clarification regarding Medicaid reimbursement of school health services. We are awaiting a response from CMS and will relay their recommendations to Council.

We would caution that, generally speaking, Medicaid is unable to pay for most school health services under the current system. These funds may not be used to pay for services that are available without charge to everyone in the community. Therefore, in order to bill Medicaid for school health services, the District would need to demonstrate that the services were, indeed, delivered at a cost. In many instances, access to school health may be the only access some uninsured families have at their disposal. In other instances, insured families may choose school health care as the primary venue of care for their child due to the rising cost of co-payments or other costs attributed to pediatric or hospital visits. Requiring payment from the family will, most likely, be an insurmountable barrier for many of these children. This is due to the fact that most families do not have the funds available to pay for these types of medical services and lack health insurance of any kind.

4. Budget and Clinical Oversight

The HCSNA, through the DC HealthCare Alliance contract, provides financial and clinical oversight for the school health program. Total funding for District of Columbia school health program for fiscal year 2005 is \$11,724,593, of which DOH contributes \$10,414,193 and

DCPS contributes \$1,310,400. In fiscal year 2006, total funding is \$13,685,013, of which DOH contributes \$ 12,318,613 and DCPS contributes \$1,316,400.

In fiscal year 2005, DOH is allocating the \$10.4 M as follows:

- \$ 4.7 M - MFHA local allocation for school health nursing services
- \$ 252 K - MFHA grant allocation for Woodson Wellness Center
- \$ 175 K - MFHA grant allocation for Shaed Elementary School
- \$ 4.3 M - HCSNA local allocation for school health nursing services
- \$ 924 K - HCSNA local allocation for medical services at DCPS special needs schools

In fiscal year 2006, DOH is allocating the \$12.3 M as follows:

- \$ 6.0 M - MFHA local allocation for school health nursing services
- \$ 262 K - MFHA grant allocation for Woodson Wellness Center
- \$ 180 K - MFHA grant allocation for Shaed Elementary School
- \$ 4.6 M - HCSNA local allocation for school health nursing services
- \$ 1.2 M - HCSNA local allocation for medical services at DCPS special needs schools

HCSNA's clinical oversight is provided in collaboration with the MFHA and oversight functions are provided through monthly meetings coordinated through MFHA as well as on-site visits to the health suites. DOH staff also regularly communicates with school principals. Complaints are reviewed and followed-up through a coordinated effort between MFHA and the Alliance.

5. HIV/AIDS

With the appointment of a new Senior Deputy Director of the HIV/AIDS Administration (HAA) the DOH remains committed to reducing the impact of this tragic epidemic in our community, appreciating the recent report and recommendations issued by the DC Appleseed Center on the increasing prevalence of HIV/AIDS in the District. HAA also recognizes that an important component of our fight against the spread of HIV/AIDS is the immediate need for better coordination of education and prevention activities for District public school students.

This year alone, school health nurses distributed over 21,000 condoms supplied by HAA. Currently, HAA, along with community-based organizations such as the National

Organization of Concerned Black Men, provide HIV prevention and education services in DC public schools while other youth service providers have relationships with DC public schools independent of HAA. Through HAA, we fully support the involvement of youth service providers in the public schools as an effective strategy in preventing the further spread of HIV/AIDS. HAA staff currently participates in the DC School Board Ad Hoc Committee on HIV Prevention and Treatment and will participate on the reconstituted DC Public School HIV/AIDS Advisory Board. The comprehensive multi-agency MOU will include the implementation of age-appropriate HIV/AIDS curricula throughout the school system, with a greater emphasis on coordination of counseling and testing.

6. Substance Abuse

The Addiction Prevention & Recovery Administration's (APRA) Office of Prevention and Youth Services (OPYS) conducts seminars on assessing substance abuse treatment and referral for school nurses. OPYS provides a substantial overview on substance abuse prevention and engagement strategies for youth should there be suspicion of a substance abuse related problem. Moreover, the school nurse staff receives pertinent Alcohol Tobacco and Other Drug (ATOD) literature and contact information to access substance abuse treatment services for students in their respected schools. As an extension of our continuing relationship with the public school system, OPYS works closely with the DCPS Office of Student Intervention Services to provide substance abuse awareness and treatment related services for students. In June 2005, OPYS facilitated a prevention and youth treatment service overview for two hundred DCPS school attendance counselors and fifty Metropolitan Police Officers.

Routinely, through classroom presentations, school assemblies, and health fairs APRA staff provide information to DCPS personnel on prevention, available treatment services and the referral process. Yet, one major barrier in providing substance abuse treatment services for students is Chapter 25 of Title 5 of the D.C. Municipal Regulations (DCMR). Students who report or are suspected of using, distributing or possessing illicit substances during school hours on school premises, or, on school-related transportation, on school premises or at school sponsored activities, regardless of the time of day can face automatic suspension and or expulsion. Because of this law, there is a fear among students that they will be expelled or suffer punishment if they come forward with a substance abuse problem. This aggressive

measure to curtail substance use impacts the effectiveness of OPYS interventions and services to prevent, reduce or stop the onset of substance abuse behaviors amongst DCPS students. To ensure greater effectiveness of OPYS interventions and services to prevent, reduce, or stop the onset of substance abuse behaviors, we must re-examine our existing policies that may hinder student participation. As recent as March 30, 2005, DOH and DCPS administrators discussed substance abuse and school health concerns. We look forward to continuing our work with the School Board and Council to revise existing policies and/or legislation to ensure that we are reaching the student populations most in need.

Conclusion

In conclusion, I must be completely honest with everyone seated here: demands for the District's school health program far outstrip the resources we have available. Government by itself cannot, and should not be expected to address all the District's health and social problems. As the city's lead public health agency, we realize there is an urgent need for the effective and efficient deployment of comprehensive health programs in our schools. And, yes, better agency communication is key. But, this is a community effort, a citywide fight for the future health and well being of our children and youth. That is a cause worthy of everyone's involvement. Families, health care providers, media, faith-based and community organizations that serve youth and young people themselves must be systematically involved.

But I am truly pleased that the issue of school health has energized important dialogue and increased coordination today. The efforts I have outlined before you are consistent with my own goals as Director of the Department of Health, including increased ***Outreach*** for the District's most vulnerable populations; ***Making Government Work*** through collaborative and coordinated care; and stronger ***Fiscal Responsibility*** as we impose stronger performance metrics on existing contracts that provide critical services such as nursing. Reaching these objectives are very ambitious, but they will allow us to make a significant impact on those populations in need, increasing better nutrition, fitness and health and expanding screening, awareness and prevention of HIV/AIDS, substance abuse, obesity, diabetes, asthma and other chronic conditions. Together we can make this happen.

This concludes my testimony. Thank you for the opportunity to speak with you today. I am available to answer any questions that you may have.